

Sign Permit Application
State of Nevada, Department of Transportation
Any False information will void permit

Sign
Owner _____

Address _____

City _____ State _____ Zip _____

Property
Owner _____
(Attach property owners signed consent)

Address _____

City _____ State _____ Zip _____

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SIGN LOCATION

City or County _____ Highway Route _____ Side of Highway _____
Name or Number N, S, E, W

Tax Parcel Number _____ Section _____ Township _____ Range _____

Approximate Location _____
From Identifiable Landmark, Intersection, Milepost, or Existing Sign

SIGN DESCRIPTION (Sign dimensions, do not include supports)

Height _____; (_____ 2nd side) Width _____; (_____ 2nd side) Distance of panel bottom to ground _____ Number of posts _____

Post Material: ☐ Wood ☐ Metal ☐ Other (Describe) _____ Illuminated ☐ Yes ☐ No
Will this sign have a changeable message? ☐ No ☐ Yes - Attach plans showing how message will be displayed and changed.
Amount accompanying application \$ _____ Check Number _____
I certify all information on this application is true and that the sign will not be built or maintained from NDOT right-of-way.

Signature of Sign Owner or Agent _____ Title _____

Printed Name _____ Telephone _____ Tax Id No. _____

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ZONING AFFIDAVIT (To be executed by the applicable City or County zoning authority. If the sign site is in a county that does not have zoning, attach a sketch map showing the qualifying business as outlined in NAC 410.320.)

This will certify that the sign described above is located within the jurisdiction of _____ (City or County)

and the zoning is for a ? Commercial or ? Industrial activity. Zoning Designation _____

Is this a resolution of intent? ☐ Yes ☐ No

If yes give effective date _____ and expiration date _____
Does this sign comply with all local requirements including all variances and use permits? ☐ Yes ☐ No
Has the zoning been changed within past 3 years? ☐ No ☐ Yes
If yes give date of change _____ and Zone Change Number _____
Reason for Change _____

Signature _____ Title _____

Printed Name _____ Telephone _____ Date _____

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TRANSPORTATION DEPARTMENT USE ONLY

Application Received by _____ on _____ at _____ ☐ am ☐ pm Permit # _____

Milepost _____